PTO/SB/22 (01-98)

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| - 24/   | ····  |                                 |                                  | /                               |  |  |  |  |
|---|---|---------------------------------|----------------------------------|---------------------------------|--|--|--|--|
| PETTION   | FOR EXTENSION OF TIME UNDER 3   | Docket Number (Optional)        |                                  |                                 |  |  |  |  |
| (Food   | FY 2008 pursuant to the Consolidated Appropriations Act, 2                      | 915-005.062-1                   |                                  |                                 |  |  |  |  |
| Application N   |   | Filed February 23, 2004         |                                  |                                 |  |  |  |  |
| For TRA   | NSMISSION OF VIDEO INFORMATI  | ON                              | 1 EDINGLY                        |                                 |  |  |  |  |
| Art Unit 26   | 21  | Examiner Apper                  | N. Holder                        |                                 |  |  |  |  |
|   | uest under the provisions of 37 CFR 1.136                                       | (a) to extend the perio         |                                  |                                 |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                                 |                                  |                                 |  |  |  |  |
|   |   | <u>Fee</u>                      | <b>Small Entity Fee</b>          |                                 |  |  |  |  |
| X   | One month (37 CFR 1.17(a)(1))   | \$120                           | \$60                             | \$ <u>120.00</u>                |  |  |  |  |
|   | Two months (37 CFR 1.17(a)(2))  | \$460                           | \$230                            | \$                              |  |  |  |  |
|   | Three months (37 CFR 1.17(a)(3))  | <b>\$1050</b>                   | <b>\$525</b>                     | \$                              |  |  |  |  |
|   | Four months (37 CFR 1.17(a)(4))   | \$1640                          | \$820                            | \$                              |  |  |  |  |
|   | Five months (37 CFR 1.17(a)(5))   | \$2230                          | \$1115                           | \$                              |  |  |  |  |
| Applica   | nt claims small entity status. See 37 CFR 1                                     | 1.27.                           |                                  |                                 |  |  |  |  |
| X A check in the amount of the fee is enclosed.   |   |                                 |                                  |                                 |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |   |                                 |                                  |                                 |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                                 |                                  |                                 |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number23_0442 I have enclosed a duplicate copy of this sheet. |   |                                 |                                  |                                 |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.       |   |                                 |                                  |                                 |  |  |  |  |
| I am the  | applicant/inventor.   |                                 |                                  |                                 |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |   |                                 |                                  |                                 |  |  |  |  |
| attorney or agent of record. Registration Number31,391  |   |                                 |                                  |                                 |  |  |  |  |
|   | attorney or agent under 37 CF Registration number if acting under               |                                 |                                  |                                 |  |  |  |  |
|   | Fran Moone  |                                 | 16 - 0                           | IVL-08                          |  |  |  |  |
|   | Signature   | Date                            |                                  |                                 |  |  |  |  |
| F   | rancis J. Maguire   | 203-261-1234                    |                                  |                                 |  |  |  |  |
|   | Typed or printed name   | Telephone Number                |                                  |                                 |  |  |  |  |
|   | res of all the inventors or assignees of record of the en<br>juired, see below. | ntire interest or their represe | entative(s) are required. Submit | multiple forms if more than one |  |  |  |  |
| Total   | of forms are  | e submitted                     |                                  |                                 |  |  |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees Paid (\$)

| UNL 1 8 2008 W<br>Under the Papes ork Reduction   | n Act of 1995           | no persons are required  | I to respo        |   | and Trad                      | emark Office; U.S. D       | PTO/SB/17 (10-07)<br>gh 06/30/2010. OMB 0651-0032<br>EPARTMENT OF COMMERCE<br>lys a valid OMB control number |  |  |  |
|---|-------------------------|--|-------------------|---|-------------------------------|----------------------------|--|--|--|--|
|   |                         |  |                   | Complete if Known                       |                               |                            |  |  |  |  |
| Effective on 12/08/2004.  Effective on 12/08/2004.  Consolidated Appropriations Act, 2005 (H.R. 4818).  |                         |  | 18). A            | pplication Numl                         | ber                           | 10/785,426                 | 5,426  |  |  |  |
| FEE TRANSMITTAL   |                         |  | _ F               | iling Date                              |                               | February 23, 2004          |  |  |  |  |
| For FY 2008   |                         |  | F                 | irst Named Inve                         | entor                         | Ru-Shang WANG              |  |  |  |  |
|   |                         |  |                   | xaminer Name                            |                               | Anner N. Holder            |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                         |  | A                 | rt Unit                                 |                               | 2621                       |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$)  |                         |  | Α                 | ttorney Docket                          | No.                           | 915-005.062-1              |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |                         |  |                   |   |                               |                            |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):   |                         |  |                   |   |                               |                            |  |  |  |  |
| Deposit Account Deposit Account Number: Deposit Account Name:   |                         |  |                   |   |                               |                            |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                         |  |                   |   |                               |                            |  |  |  |  |
| Charge fee(s) i   | ndicated be             | low  |                   | Charge                                  | fee(s)                        | indicated below, e         | xcept for the filing fee   |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                         |  |                   |   |                               |                            |  |  |  |  |
| FEE CALCULATION   |                         |  |                   |   |                               | ***                        |  |  |  |  |
| 1. BASIC FILING, SEARC  | FILING F                | EES SE   | EARCH             | I FEES                                  | EXAM                          | INATION FEES               |  |  |  |  |
| Application Type  | Fee (\$)                | <u>mall Entity</u><br>Fee (\$) <u>Fe</u>                             | <u>e (\$)</u>     | mall Entity<br>Fee (\$)                 | Fee (                         | Small Entity (\$) Fee (\$) | Fees Paid (\$)   |  |  |  |
| Utility   | 310                     | 155 5  | 10                | 255                                     | 210                           | 105                        |  |  |  |  |
| Design  | 210                     | 105  | 00                | 50                                      | 130                           | 65                         |  |  |  |  |
| Plant   | 210                     | 105 3  | 10                | 155                                     | 160                           | 80                         |  |  |  |  |
| Reissue   | 310                     | 155 5  | 10                | 255                                     | 620                           | 310                        |  |  |  |  |
| Provisional   | 210                     | 105  | 0                 | 0                                       | 0                             | 0                          |  |  |  |  |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Fach independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Small Entity Fee (\$) Fee (\$) 25 210 105  |                         |  |                   |   |                               |                            |  |  |  |  |
| Each independent claim over 3 (including Reissues) Multiple dependent claims  |                         |  |                   |   |                               | 210<br>370                 | 185  |  |  |  |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$)  |                         |  |                   |   |                               |                            | Dependent Claims   |  |  |  |
| - 20 or HP =  |                         | _ x=   |                   |   |                               | <u>Fee (\$)</u>            | Fee Paid (\$)  |  |  |  |
| HP = highest number of total c Indep. Claims  - 3 or HP = HP = highest number of indepe   | Extra Claim<br>2        | <u>s Fee (\$)</u><br>x210 = _  | Fee Pa            |   |                               | ·                          |  |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |                         |  |                   |   |                               |                            |  |  |  |  |
| listings under 37 CFI   |                         |  |                   |   |                               | small entity) fo           | r each additional 50   |  |  |  |
| sheets or fraction the<br>Total Sheets  | reof. See<br>Extra Shee | 33 U.S.C. 41(a)(1)(<br><u>ts                                    </u> | (G) and<br>each a | 1 37 CFR 1.16<br>dditional <b>50</b> or | o(S).<br><del>· fractio</del> | n thereof Fe               | e (\$)   |  |  |  |

SUBMITTED BY Registration No. (Attorney/Agent) 31,391 Telephone 203-261-1234 Signature rauis 6-JUL-08 Name (Print/Type) Francis J. Maguire Date

(round up to a whole number) x

- 100 =

Other (e.g., late filing surcharge):

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.